

Chorley & South Ribble Clinical Commissioning Group and Greater Preston Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Shoulder Surgery for Rotator Cuff Repair

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	<p>This policy relates to shoulder surgery for rotator cuff repair.</p> <p>Shoulder pain is a common symptom in which there are many different causes, one of which is the condition called shoulder impingement. In this condition, a bursa (which is a fluid filled pad that lies around the rotator cuff tendons of the shoulder) becomes inflamed. As the bursa also sits under the acromion bone (the bony arch at the top edge of the shoulder), when the arm is lifted, it becomes trapped and pinched causing pain. (1)</p> <p>Pain is felt on the top and outer side of the shoulder. It is worsened by overhead activity and can cause night pain but patients usually have full passive range of movement of the glenohumeral joint. The pain comes from the subacromial space of the shoulder, which contains the rotator cuff tendons and the subacromial bursa, and NOT from the glenohumeral joint (2)</p> <p>Rotator cuff disorders are considered to be among the most common causes of shoulder pain and disability encountered in both primary and secondary care, with subacromial impingement syndrome in particular being the most common disorder (3). Impingement occurs between the under surface of the acromion and the rotator cuff tendons. These tendons can be either intact or torn. Tendons can tear acutely due to injury, or due to degeneration. The prevalence of shoulder complaints in the UK is around 14%, with 1–2% of adults consulting their general practitioner annually with new shoulder pain.</p> <p>Painful shoulders pose a substantial socioeconomic burden. This can impair capacity to work, causing time off, and affect performance of household tasks. The treatment aim for subacromial pain is to ‘improve pain and function’. Success is defined individually with patients to include the degree of improvement needed, and the level of residual symptoms that might be acceptable. Outcome depends on starting level of symptoms, patient demographics and expectations, as well as personal circumstances.</p>
2.2	<p>The scope of this policy relates to commissioned surgery for:</p> <ul style="list-style-type: none"> • Rotator Cuff Repair for patients who have a clinically identified torn rotator cuff • Combined RCRSAD is only commissioned for patients where there is a confirmed clinical need, i.e. they have a confirmed torn rotator cuff with Subacromial Impingement.

3	Appropriate Healthcare
3.1	The CCG considers that the purpose of shoulder surgery for subacromial pain is to improve the health of patients by reducing pain, discomfort and disability. This places them within the category of interventions that accord with the Principle of Appropriateness in the <i>Statement of Principles</i> . Therefore these procedures will be commissioned by the CCG if they also satisfy the criteria for effectiveness, cost effectiveness and ethical delivery.
4	Effective Healthcare
4.1	Currently there are two large randomised clinical trials that are being carried out in the United Kingdom to evaluate the effectiveness of rotator cuff repair (UKUFF) and arthroscopic subacromial decompression (CSAW) .The CCG considers that there is sufficient evidence with which to draw firm conclusions regarding the effectiveness of shoulder surgery for subacromial pain.(4)
5	Cost Effectiveness
	As above there are two large randomised clinical trials that are being carried out in the United Kingdom to evaluate the cost effectiveness of rotator cuff repair and arthroscopic subacromial decompression.(UKUFF) and (CSAW) (5)
6	Ethics
6.1	The Commissioning Organisation recognises that treatments must satisfy the criteria within the 'Ethical' component of the Principles for Commissioning Health and Health Care document.
7	Affordability
7.1	The CCGs recognise that treatments must satisfy the criteria within the 'Affordability' component of the Principles for Commissioning Health and Health Care document.
8	Policy
8.1	<p>The Commissioning Organisation will only commission surgery for Rotator Cuff Repair (RCR) when there is a</p> <ul style="list-style-type: none"> • Confirmed diagnosis of a full thickness rotator cuff tear <p>OR</p> <p>All of the following criteria have been satisfied</p> <ul style="list-style-type: none"> • Patient has had symptoms for at least 3 months from start to treatment. • Symptoms are intrusive and debilitating (for example waking several times in the night, pain when putting on a coat, significant impact on ability to carry out activities of daily living) • Patient has been compliant with conservative intervention (education, rest, NSAID, analgesia and appropriate physiotherapy). • Patient confirms they wish to have surgery

9	Exceptions
9.1	<p>The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient.</p> <p>Requests for funding for Rotator Cuff Repair under exceptional circumstances may be submitted to the CCG's Individual Funding Request Panel.</p>
10	Force
10.1	<p>This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.</p>
11.	<p>References</p> <ol style="list-style-type: none"> 1. Subacromial shoulder pain BESS/BOA Patient Care Pathways [online] Available from: http://www.bess.org.uk/media/Research%20Committee/National%20Guidelines/Subacromial%20Shoulder%20Pain.pdf 2. Royal College of Surgeons. Commissioning guide: Subacromial Shoulder Pain [online] Available from: https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/subacromial-shoulder-pain 3. Khan, Y.N. (2013). The painful shoulder: shoulder impingement syndrome. The Open Orthopaedics Journal. [online] Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785027/ 4. UK Rotator Cuff Surgery Trial (UKUFF) [online] Available from: http://www.nets.nihr.ac.uk/projects/hta/054702 5. Mitchell C, Adebajo A, Hay E, et al. Shoulder pain: diagnosis and management in primary care. BMJ: British Medical Journal 2005;331(7525):1124. 6. Saltychev M, Ä. V. (2015). Conservative treatment or surgery for shoulder impingement: systematic review and meta-analysis. Disability and Rehabilitation, 1-8. 7. NHS North Somerset Clinical Commissioning Group (20**) Shoulder Impingement Surgery for Subacromial Pain [online] Available from: https://www.northsomersetccg.nhs.uk/media/medialibrary/2016/10/Shoulder_Impingement_Surgery_for_Subacromial_Pain_Policy_EV3y34d.pdf

Date of adoption – March 2019
Date for review – March 2022